Approved for use through 05902010. ONE 0851-0950.

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U.S. Pester nat Trademask Office, U.S. DEPARTMENT OF COMMERCE.

Under the Payerwork Reduction Act of 1995, no person we required to respond by a collection of reformation unless of digital active OMIC condit number.

F# 1000	Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Application Nur	Application Number 10/754,498-Conf. #8273			
		Filing Date	J	January 12, 2004		
		First Named Inv	entor K	Kazuya ODA		
For FY 2008		Examiner Name		C. J. Quiett		
Applicant claims small entity status. See 37 CFR 1,27		Art Unit 2622				
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Docket No. 0378-0404P				
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (plcase identify):						
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch,						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee						
Charge any additional fee(s) or underpayments of						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES						
Application Type Fee (\$	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 310	155 51		210	105		
Design 210	105 10	50	130	65		
Plant 210	105 31	155	160	80		
Reissue 310	155 51	0 255	620	310		
Provisional 210		0 0	0	0		
2. EXCESS CLAIM FEES						Small Entity
Fee Description						Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)				210	105	
Multiple dependent claims 370 185 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims						
Total Claims Extra Claims	Paid (\$)					
16 - 20 = x = HP = highest number of lotal clems paid for, if greater than 20		Fee (\$)		e (\$)	Fee Paid (\$)	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						
2 -3 = X						
HP = highest number of independent claims perd for, if greater than 3						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = /50 = (round up to a whole number) x						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00						
SUBMITTED BY						
Signature	flure (1994 X v. v./2) Registration No (40,439 Telephone (703) 205-8035				5-8035	
Name (Print/Type) D. Richard Ander	1 Committee of the second		Date	October 29, 2007		
for						